

STAFF

OP.R

21401

916-323-7646

ZIP CODE
14

RECEIVED
AUG 27 2009
OFFICE OF PLANNING AND REVENUE
ADMINISTRATIVE SERVICES

COLUMN CODE (ACCTG USE ONLY)									
01	02	03	04	05	06	07	08	09	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	00

CLAIM TOTAL

\$ 127.95

Attended United We Serve: Faith-Based and Neighborhood Partnerships in Emergency and Disaster Preparedness, Response, and Recovery

112) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

4vbd289

(14) MILEAGE RATE CLAIMED

55

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

\$0.55

THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

26.09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE _____